SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 14 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Massachusetts Mutual Life Insurance Company Political Action Committee Full Name (Last, First, Middle Initial) HARRIS S. FISHMAN Date of Receipt Mailing Address 935 PINE VALLEY CIR 2015 12 28 City Zip Code State Transaction ID: 69686370 PΑ RYDAL 19046-2556 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 federal political committee. Name of Employer Occupation **SELF** GENERAL INSURANCE AGENT Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** LAWRENCE M. ASUNCION Date of Receipt Mailing Address 1156 BARCELONA DR 12 31 2015 City State Zip Code Transaction ID: 69688025 **PACIFICA** CA 94044-3509 Amount of Each Receipt this Period FEC ID number of contributing 0.00 federal political committee. Name of Employer Occupation **SELF** INSURANCE BROKER Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General Refund(s) on Schedule B Totaling \$10.00 This changes 110.00 Other (specify) the YTD Total to \$110.00 Full Name (Last, First, Middle Initial) c. JUSTIN R. DOCKREY Date of Receipt Mailing Address 2701 FREDNA PL 12 31 2015 City Zip Code State Transaction ID: 69688026 **MIDLAND** TX 79707-5294 Amount of Each Receipt this Period FEC ID number of contributing 0.00 С federal political committee. Name of Employer Occupation **INSURANCE AGENT SELF** Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General Refund(s) on Schedule B Totaling \$35.00 This changes 25.00 Other (specify) the YTD Total to \$25.00 2500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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